

DIABETES OUTREACH NETWORK REQUEST FOR PROPOSALS

Issued By:

**Michigan Department of Community Health
Diabetes Prevention and Control Program**

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Full Proposal Due:

April 11, 2005

Table of Contents

I.	Introduction	3
II.	Available Funds.....	3
III.	Use of Funds.....	4
IV.	Applicant Eligibility	4
V.	Eligible Services.....	5
VI.	Administrative Guidelines.....	5
VII.	Format Requirements	7
VIII.	Proposal Outline	8
IX.	Selection Criteria.....	11
X.	Technical Assistance	12
XI.	Letter of Intent.....	12
XII.	Submission of Application	13
XIII.	Important Dates	13
XIV.	Attachments.....	14
	A.Diabetes Outreach Network Map and Counties	15
	B.Diabetes Outreach Network Model and Priority Areas	17
	C.National Diabetes Education Program (NDEP) Campaigns.....	21
	D.Budget Forms and Instructions	22
	E. Cover/Certification Page.....	29
	F. Diabetes Outreach Network FY 05-06 Objectives	30
	G.Confirmation Form for Technical Assistance Conference Call.....	32
	H.Intent to Apply Form	33
	I. Sources of Additional Information	34

**Diabetes Outreach Network
Request for Proposals (RFP)
February 2005**

I. INTRODUCTION

The Michigan Department of Community Health, Diabetes Prevention and Control Program (MDCH/DPCP) requests proposals for regional Diabetes Outreach Networks (DONs) to promote innovative partnerships to strengthen the prevention, detection, and management of diabetes in their regions. This competitive Request for Proposal is issued in an effort to further prevent the development of diabetes and reduce its impact and complications. Funding will support six regional Diabetes Outreach Network grants covering six geographic regions located across Michigan (*See Attachment A*). Collectively, the regional Diabetes Outreach Networks will serve all Michigan counties. Applicants may submit a proposal for one or more (single region or multi-region) of the six (6) regions.

Each DON serves as a regional, independent and non-competing diabetes resources center for health care professionals and consumers within the defined region. As identified in this RFP, the DON will conduct consumer and professional education activities, promote quality of and access to diabetes care and education, facilitate policy and environmental changes to promote healthy lifestyles, and provide regional diabetes resource and referral linkages.

II. AVAILABLE FUNDS

The Michigan Department of Community Health Diabetes Prevention and Control Program intends to award grants totaling approximately \$1.4 million annually. All proposals will be reviewed on a competitive basis and selected for funding up to 3 years. Funding for years 2 and 3 in this cycle will be based on availability of funding, satisfactory performance, and approval of an annual plan. The maximum amount of funding available to each DON is based on a formula that reflects the number of people with diabetes (PWD) in the region; the level of racial and ethnic diabetes health disparity in the region; and the geographical span of the DON region. Funding for each region is as follows, and will not exceed the amount indicated:

Diabetes Outreach Network Region (See Attachment A for map)	Maximum annual funding (dollars)
East Central Diabetes Outreach Network (ECDON)	\$216,900
Southeast Michigan Diabetes Outreach Network (SEMDON)	\$336,000
Southern Michigan Diabetes Outreach Network (SODON)	\$207,700
Ten Counties in Central and Western Michigan Diabetes Outreach Network (TENDON)	\$215,400
Northern Michigan Diabetes Outreach Network (TIPDON)	\$219,900
Upper Peninsula Diabetes Outreach Network (UPDON)	\$214,700

Note: Organizations may apply for funding for more than one or all of the six regions.

III. USE OF FUNDS

Funding awarded under this RFP may be used to pay for

- project staff salaries and associated payroll taxes and fringe benefits (*See Attachment B*).
- program administration (e.g. accounting, payroll - proportionate to program)
- travel associated with provision of services (out-of-state travel is limited to one trip in a fiscal year).
- staff training/skills enhancement (e.g. registration fees, in-state travel, materials purchase)
- equipment (proportionate to program)
- supplies and materials (e.g. educational materials, computer equipment, office supplies proportionate to program)
- communications (e.g. telephone, fax, postage and internet access)
- printing and copying
- rent, utilities, security and maintenance (proportionate to project)
- consultant/professional fees (e.g. accounting services, evaluation consultant)
- at least 2.5% of total funding will be dedicated for the National Diabetes Education Program media campaigns (*See Attachment C*).

(*See Attachment D for complete budget requirements and instructions*)

IV. APPLICANT ELIGIBILITY

Only institutions and organizations based in Michigan are eligible to compete for these funds.

Eligible applicants include:

- Local health departments and other local government agencies
- Non-profit community based organizations and other non-governmental organizations

- Federally recognized Indian tribes
- Hospitals; health maintenance organizations
- Colleges/universities; foundations
- Other agencies with demonstrated capacity for diabetes related projects.

Ineligible applicants include:

- Individuals
- For-profit health/human service agencies
- State level government agencies
- Agencies proposing “pass-through” funding. Applicant agencies must directly provide a majority of the services proposed.

Any not-for-profit applying under this RFP must be certified by the Federal Internal Revenue Services as a 501 (c) 3 organization at the time that the proposal is submitted. Documentation must accompany the proposal. **Proposals lacking documentation of tax-exempt status will not be reviewed and will be ineligible to receive funding under this RFP.**

V. ELIGIBLE SERVICES

Using innovative partnerships and evidenced-based strategies, each regional Diabetes Outreach Network will implement interventions to address the following priority areas (*See Attachment B for a description of each priority area*):

- Access to care and consumer advocacy
- Community policy and environmental changes to promote healthy lifestyles
- Consumer education and promotion of diabetes self-management
- Diabetes resource referral and linkages
- Health care quality improvement
- Health care professional development and education
- Public Awareness, including media

VI. ADMINISTRATIVE GUIDELINES

A. Type of Contract

This is a cost reimbursement contract, with expenditures reimbursed on a monthly basis.

B. Rejection of Proposals

The Michigan Department of Community Health, Diabetes Prevention and Control Program reserves the right to award portions of proposals, to reject any and all proposals received as a result of this RFP, or to negotiate with any source in any manner necessary to serve the best interests of the Michigan Department of Community Health. The contents of this RFP and the proposal will become contractual obligations, if a contract ensues. Failure of the contractor to accept these obligations may result in cancellation of the award.

C. Incurring Costs

The Michigan Department of Community Health, Diabetes Prevention and Control Program is not liable for any costs incurred by applicants prior to

signing of a contract by all parties and prior to the contract initiation date. All prices quoted by the contractor will be the maximum prices for the duration of the proposed contract. No increases in price will be permitted.

D. Contractor Responsibilities

Each applicant whose proposal is selected for funding will be required to assume responsibility for all services offered in its proposal. **Funding of this project is contingent on MDCH/DPCP receipt of signed copies of the contract by July 11, 2005 for projects starting October 1, 2005.**

Organizations not meeting this deadline will not receive the award, and the funding may be reallocated to another project. Further, the applicant whose proposal has been selected for contract shall indemnify and hold harmless the MDCH/DPCP and its agents and employees from and against all claims, damages, losses and expenses including attorneys' fees arising or resulting from the performance of work, which includes all labor, material and equipment required to produce the service required by the contract. The Michigan Department of Community Health, Diabetes Prevention and Control Program will consider the selected applicants to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract. The Diabetes, Kidney and Other Chronic Diseases Section Manager must approve all contracts resulting from an award from this project.

E. Project Control and Reports

The Diabetes, Kidney and Other Chronic Diseases Section Manager will schedule a negotiation session with each agency receiving the award to address any concerns expressed by the reviewers and to work out final details of the budget and work plan. If possible, this session will occur within three (3) working days after the award is made. Changes in the work plan and budget resulting from this negotiating session will be reflected in the contract. The MDCH/DPCP Project Staff will confer with the Contractor at regular intervals to review progress, provide guidance to the Contractor in solving problems, and evaluate the project. The Contractor will submit written quarterly progress reports to the Michigan Department of Community Health, Diabetes Prevention and Control Program, within 22 days of the end of each quarter. The Contractor will also submit a "year end" report, summarizing and documenting all project activities and outcomes within 22 days of the end of the contract period. The Contractor will provide other progress reports as requested by the Michigan Department of Community Health, Diabetes Prevention and Control Program.

F. Contract Payment Schedule

Project Financial Status Reports (FSR), which reflect actual expenditures, shall be prepared and submitted to the MDCH/DPCP on a monthly basis for payment. All FSRs will reflect actual work done. A copy of the FSR will be submitted to the MDCH/DPCP at the same time as it's submitted to the MDCH Finance and Contracts Division. Specific details of FSRs and payments will be agreed upon between MDCH/DPCP and the Contractor during contract negotiations and will become part of the Contract Agreement that will be signed and accepted by both the Contractor and MDCH/DPCP.

The last 20% of the contract award may be retained until MDCH/DPCP and the Contractor approve the final work products and report. The Contractor must submit a final invoice within 15 days of the end of the contract period.

G. Human Subjects Review

In some cases, projects may require review by the MDCH Institutional Review Board (IRB) for Human Subjects approval of the project. If deemed necessary, the applicant whose proposal has been accepted for funding will provide the MDCH/DPCP with all information necessary to complete the MDCH IRB application.

H. Material Development

The Contractor will:

1. Provide the Michigan Department of Community Health and their agents with a royalty-free, non-exclusive and irrevocable right to reproduce, publish or otherwise use and to authorize others with prior Michigan Department of Community Health approval to use any copyrighted or copyrightable material developed fully or in part under the grant. At the conclusion of the project, copies of any materials or programs developed that could be used by other community agencies as guidance for setting up similar projects must be provided to the Michigan Department of Community Health.
2. Acknowledge receipt of support from Michigan Department of Community Health in any articles, presentations, or publications that result from the grant.

I. Notification of Award

All applicants will be notified of the status of their applications upon completion of the selection process.

VII. FORMAT REQUIREMENTS

A. Proposal Package

A complete proposal package will consist of:

1. Cover/Certification Page (*Attachment E*)
2. Table of Contents
3. Narrative Proposal
4. Budget forms (*Attachment D*)
5. Required Attachments

B. Formatting/Packaging

Applicants must submit a complete response to this RFP that is consistent with the purpose of the RFP and follows the format described herein.

1. Sequentially number all pages, including attachments and appendices.
2. Include a table of contents and a list of attachments for the entire package.
3. Do not staple or bind any of the copies submitted to MDCH/DPCP. (Rubber bands or binder clips are acceptable).

4. Use 8 ½" x 11" paper.
5. Use 12-point font; budgets, figures, charts, tables, figure legends, and footnotes may be smaller in size, but must be legible.
6. Use 1" margins (top and bottom, left and right).
7. Write or print on single side of page only.
8. The narrative section is not to exceed 25 pages. This limit does not include the cover/certification page, budget forms, and attachments (i.e., letters of support, résumés, etc.).
9. One original and 3 copies of the entire proposal (including attachments) must be submitted by the deadline.

Applications that are incomplete or fail to follow the correct format will not be considered for funding and will be returned without review. This directive is to ensure that all proposals are uniform. Applicants will be notified if their proposal is deemed ineligible.

VIII. PROPOSAL OUTLINE

The proposal should provide the following information using these headings and subheadings.

A. Cover/Certification Page

Complete the Proposal Cover/Certification page (*Attachment E*).

B. Table of Contents

List the content of the entire proposal package.

C. Narrative (A maximum of 25 single spaced pages may be used for Program Narrative)

1. Capabilities and Qualifications of Agency/Organization – (15 points)

This section is to describe the expertise and experience of the applicant agency in providing the proposed services. At minimum, the applicant is to address the following:

- Mission of agency
- Agency history and previous experience that qualifies the agency to undertake the proposed project, including community organization, partnership development, and coordination of public health resources. Experience and success of such efforts should be supported with quantitative and qualitative data, when available.
- Include a description of the organizational structure of the agency and the level at which work would be conducted.

Review Criteria: Has the applicant documented qualifying experience including community organization, partnership development and coordination of public health resources? Has the agency conducted similar programs in the past? Are data included to document success? Are required attachments included?

Required Attachments:

- 501 (C) 3 certification (if applicable)
- Board of Directors (names, position on Board, professional affiliations, expertise represented, race/ethnicity, and gender).
- Documentation of three (3) years of service to target population
- Organizational chart which clearly identifies position in the organization and reporting relationships relevant to this proposal

2. Qualified Personnel/Staffing – (10 points)

The required network staff includes a project director, office manager, diabetes educator(s), and community health worker/lay health worker (See Attachment B).

Describe the proposed staffing plan. Include staff titles, percent of time committed to the program, and their roles and responsibilities in achieving the program objectives. Describe and chart organizational relationships between the staff and the applicant agency. Please include position descriptions for all staff, as well as resumes/vitas (not to exceed two pages each) for identified staff. If personnel are not yet hired, describe the hiring process.

Review Criteria: Are key personnel identified and appropriate for achieving program objectives? Do existing personnel have the required knowledge, experience, and skills to perform effectively, or does the hiring process demonstrate a commitment to hire qualified personnel? Are organizational and intra-organizational relationships clearly identified in an organizational chart?

Required Attachments:

- Position Descriptions and Resumes

3. Scope of Work and Deliverables – (40 points)

This section will describe how the proposal addresses the priorities of the Diabetes Outreach Networks (*See the DON Model and Priority Areas in Attachment B*). For each of the FY05-06 DON objectives listed below (*See Attachment F for a complete list of FY 05-06 objectives*), **briefly** describe the activities and the interventions that will be implemented. This will include the population(s) to be served; the number of people (or organizations) served; activities to achieve the program objectives; expected outcomes; timelines for completing activities; and linkages with other organizations or partners.

DON Objectives - FY05-06

By September 30, 2006:

- a. Improve access to diabetes self-management training, supplies, and health care for people with diabetes with special effort targeting racial and ethnic minority groups that are disproportionately affected by diabetes.

- b. Partner with a community or school organization to develop a policy or make an environmental change that will ultimately facilitate the development or maintenance of healthy lifestyles (physical activity, healthy eating, or not using tobacco products)
- c. Sponsor a consumer-focused initiative that facilitates the development and long-term maintenance of self-management skills for people with diabetes.
- d. Develop a complete compilation of regional diabetes resources and develop three mechanisms to link resources to people with diabetes.
- e. Provide continuous quality improvement (CQI) consultation to 20 health care providers in an effort to facilitate health systems changes that result in measurable, improved quality of care.
- f. Conduct health professional education (or another professional development intervention) and Lay Leader trainings to improve the quality of care provided to people with diabetes.
- g. Disseminate and promote use of the National Diabetes Education Program (NDEP) campaigns and materials to regional partners and through local media channels. (*See Attachment C*).

Review Criteria: Does the proposal include a narrative description for each of the specified FY 05-06 objectives? Are the activities consistent with the network's seven priority areas? Are expected outcomes identified and realistic? Is timeline included and appropriate? Are public and private partnerships described and evidenced by letters of support?

Required Attachments:

- Three letters of support from partners

4. Evaluation – (25 points)

Develop an evaluation plan. The plan should provide the Diabetes Outreach Network with the answers to the following questions:

- 1) What have you done? 2) How well have you done it? 3) How much have you done? and (4) How effective have you been?

For each objective, describe the process and impact/outcome evaluation methods that will be used to monitor progress and identify the outcomes of the activities. Identify data indicators and sources; specify the procedures and methods for quantitative and qualitative data collection. Describe how data will be analyzed and results used to improve the program or service.

Review Criteria: Is the evaluation plan specific to each objective? Are process and impact/outcome evaluation methods identified? Are these feasible and appropriate? Are data indicators and sources clearly identified? Do they include qualitative and/or quantitative data? Does the evaluation plan describe procedures for data collection, including inclusion of informed consent and protection of confidentiality, as appropriate? Does the plan

discuss how the data will be analyzed? Does the plan indicate how evaluation will promote program improvement and guide future efforts?

D. Proposed Budget Narrative – (3 points)

This section of the proposal *must* contain a complete narrative justification for each budget component. Points will be lost in the review if this narrative is not included.

Note: The budget and budget narrative must reflect expenses to achieve all DON objectives (See Attachment F).

E. Proposed Budget – (7 points)

This section of the proposal *must* contain a detailed one-year budget prepared using budget forms and budget instructions in *Attachment D*. Completion of both forms is required. This budget will include any funds used to support the project and its activities, but not in-kind support. Salaries, benefits, travel, supplies, materials and equipment are eligible for reimbursement. ***Out-of-state travel is limited to one trip in a fiscal year. Please differentiate in-state and out-of-state travel costs.*** Programs will dedicate \$2.5% of total funding for the National Diabetes Education Program media campaigns. Expenses for the media campaigns must be clearly identified in the budget.

IX. SELECTION CRITERIA

Proposals submitted in response to this RFP will be reviewed and evaluated by an Objective Review Panel (ORP) comprised of individuals who have expertise/experience in relevant areas. Reviewers will be required to disclose any potential conflict of interest, and reviewer assignments will be made in light of this information. Reviewers will score all proposals according to pre-established criteria. Scoring criteria will be responsive to the requirements of this RFP. The relative weight that each component of the proposal will receive in the review process is described below. Only those proposals receiving a score of 75 points or more of the total maximum possible score will be considered for award.

Agency's Capabilities and Qualification:	15 points
Qualified Personnel/Staffing:	10 points
Scope of Work and Deliverables:	40 points
Evaluation:	25 points
Proposed Budget Narrative:	3 points
Proposed Budget:	7 points
Total possible points	100

MDCH/DPCP reserves the right to consider criteria in addition to ORP scores in making final decisions regarding programming and award levels. Other criteria which MDCH may consider include, but are not limited to: agency capacity, past performance of the applicant in State contracts (e.g. progress toward reaching objectives, and complying with contractual obligations), and other factors relevant to addressing changing needs and priorities. MDCH/DPCP will make all final funding and allocation decisions.

X. TECHNICAL ASSISTANCE CONFERENCE CALL

Parties interested in learning more about preparing the proposal and the process for reviewing and awarding grants are encouraged to participate in a Technical Assistance (TA) conference call. The TA conference call will take place:

Date: March 10, 2005

Time: 9:00-10:30AM

In order for staff to plan for the TA conference call, interested parties are requested to fax or e-mail the attached confirmation form (*Attachment G*) by 5:00 p.m. on March 3, 2005. Upon receipt of your confirmation, you will be sent by email or fax the toll-free call-in number and name of the teleconference chairperson. (You will need this information to participate.)

Questions submitted in writing by **March 3, 2005** will be addressed on the conference call. **Questions will be accepted via fax, 517-335-9461 or email grubaughja@michigan.gov**

Please note that applicants are not required to participate in the TA conference call in order to apply for an award, and that those who do participate are not obligated to submit a proposal.

Final questions and requests for clarifications must be submitted in writing by **March 16, 2005**. MDCH/DPCP will prepare written responses to these questions and distribute them to applicants who have submitted a letter of intent. **Questions will be accepted via fax 517-335-9461, or email grubaughja@michigan.gov.** Only questions submitted in writing will be addressed.

XI. LETTER OF INTENT

Applicants are encouraged to submit an "Intent to Apply" form (*Attachment H*) by **March 21, 2005**. Forms may be submitted by fax or email.

Submit to: Jackie Grubaugh
517-335-9461 (fax)
grubaughja@michigan.gov

Letters of intent are non-binding but will be used by MDCH/DPCP to adequately prepare for the review of submitted proposals. MDCH/DPCP requests the agencies that submit an "Intent to Apply" form but decide not to submit a full application, inform Jackie Grubaugh of this decision by e-mail at grubaughja@michigan.gov

XII. SUBMISSION OF APPLICATION

Proposal packages must be RECEIVED by **5:00 p.m. on Monday, April 11, 2005**.
LATE APPLICATIONS WILL NOT BE ACCEPTED OR REVIEWED.
Faxed or e-mailed proposals WILL NOT be accepted.

Applicants are required to submit the signed original and 3 copies of the proposal package. Submit proposals to:

**Michigan Department of Community Health
Diabetes Prevention and Control Program
P.O. Box 30195
Lansing, MI 48909
ATTN: Jackie Grubaugh**

XIII. IMPORTANT DATES:

March 3, 2005

Deadline for receipt of technical assistance conference call confirmation form and questions, if, any, to be addressed during the call. E-mail or fax acceptable

March 10, 2005, 9:00-10:30am

Technical Assistance Conference Call

March 21, 2005

Deadline for Letter of Intent – e-mail or fax acceptable

April 11, 2005, on or before 5:00pm

Deadline for receipt of full proposal – hard copies only must be received at MDCH/DPCP; No fax or e-mail accepted

June 13, 2005

Notices of Awards announced

July 11, 2005

Deadline for signed agreements. Please note, any offer of a grant award under this RFP is strictly time limited. In the event a mutually agreeable contract and work plan cannot be developed and executed by the grantee by July 11, 2005, the award is void and without effect.

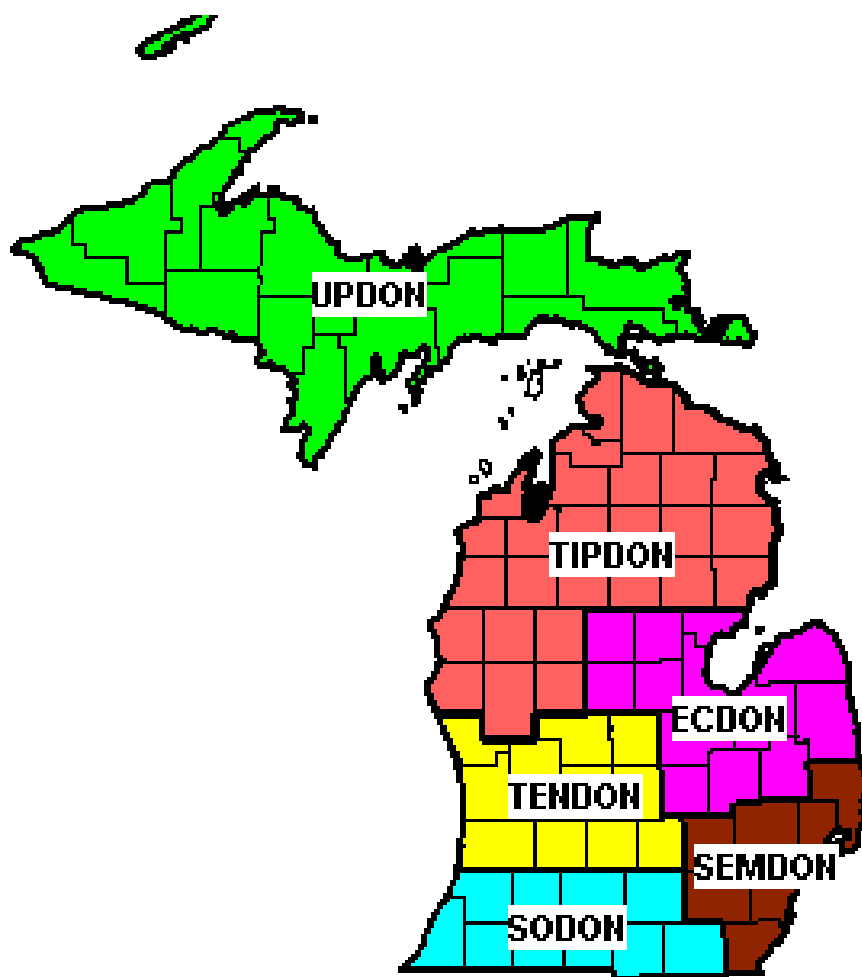
October 1, 2005

Start date for projects funded under this RFP

XIV. ATTACHMENTS

- A. Diabetes Outreach Network Map and Counties
- B. Diabetes Outreach Network Model and Priority Areas
- C. National Diabetes Education Program (NDEP) Campaigns
- D. Budget Forms and Instructions
- E. Cover/Certification Page
- F. Diabetes Outreach Network FY 05-06 Objectives
- G. Confirmation Form for Technical Assistance Conference Call
- H. Intent to Apply Form
- I. Sources of Additional Information

Diabetes Outreach Network
Regional Map



Diabetes Outreach Network Regional Counties

UPDON (Upper Peninsula Diabetes Outreach Network)

Alger, Baraga, Chippewa, Dickinson, Delta, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft.

TIPDON (Northern Michigan Diabetes Outreach Network)

Alcona, Alpena, Antrim, Benzie, Cheboygan, Charlevoix, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montmorency, Newaygo, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Presque Isle, Roscommon, Wexford.

ECDON (East Central Diabetes Outreach Network)

Arenac, Bay, Clare, Genesee, Gladwin, Huron, Isabella, Lapeer, Midland, Saginaw, Sanilac, Shiawassee, Tuscola.

TENDON (Ten Counties in Central & Western Michigan Diabetes Outreach Network)

Allegan, Barry, Clinton, Eaton, Gratiot, Ingham, Ionia, Kent, Montcalm, Muskegon, Ottawa.

SODON (Southern Michigan Diabetes Outreach Network)

Berrien, Branch, Calhoun, Cass, Hillsdale, Jackson, Kalamazoo, Lenawee, St. Joseph, Van Buren.

SEMDON (Southeast Michigan Diabetes Outreach Network)

Livingston, Macomb, Monroe, Oakland, St. Clair, Wayne, Washtenaw.

Diabetes Outreach Network Model and Priority Areas

Mission

The Diabetes Outreach Network (DON) promotes innovative partnerships to strengthen the prevention, detection and management of diabetes throughout Michigan.

Model Design Components

The six (6) Diabetes Outreach Networks are located across Michigan representing all counties in the state. Each network has a contract with the Michigan Department of Community Health and serves as a regional, independent and non-competing diabetes resource center for health care professionals and consumers in the defined region. The DON will conduct consumer and professional education activities, promote quality of and access to diabetes care and education, facilitate policy and environmental changes to promote healthy lifestyles, and provide regional diabetes resources and referral linkages.

The design of each DON is based on the following:

1. A parent agency or fiduciary such as a hospital, local public health department or community college receives funding from MDCH/DPCP to operate the network. The network maintains a regional office as an independent, non-competing, coordinating diabetes health care and education resource for the region.
2. The network maintains a public health philosophy of reaching as many people as possible and focus on eliminating health disparities.
3. The network works with health care providers and health care agencies to maintain and provide quality diabetes care by helping them implement systems improvements for meeting clinical practice recommendations, education standards, network program guidelines, outcome evaluation and use of the quality assurance improvement results.
4. The network supports the use of and develops educational opportunities for Community Health Workers to close the gap in diabetes related health disparities.
5. **The network staff will consist of a project director, office manager, diabetes educator(s), and community health worker/lay health worker.** The director is responsible for the development, implementation, maintenance and evaluation of the program. The diabetes educator will be a Certified Diabetes Educator (CDE) or a qualified Registered Nurse or Registered Dietitian and have excellent communication and presentation skills. The office manager must be skilled and experienced in coordinating office activities. The Diabetes Community Health Worker (DCHW) is a community member who works as a bridge between their ethnic, cultural, or geographic communities and healthcare providers to help prevent diabetes and its complications through self-care management and social support, including community engagement.
6. The network maintains a fiscally responsible budget, based on approved funding. The annual plan reflects the allocated budget and includes activities for public awareness, advocacy, professional education, consumer education, data collection and analysis.
7. The network implements activities to meet goals and objectives by establishing partnerships with existing regional agencies and providers and forming an advisory committee.
8. The network conducts process, impact, and outcome evaluation to document and report success, as well as to revise or develop network programs.

Diabetes Outreach Network Priorities:

1. Access to care and consumer advocacy -

Many people with diabetes do not have access to all the medical treatment, supplies and education they need to maintain good health and prevent complications. Many are uninsured or under insured and may be unaware of services or supplies available and do not have support systems to help sustain effective self-management long-term. Certain groups including Native Americans, African Americans, Hispanics and Arab-Americans, are disproportionately affected by diabetes yet have more limited access to the care and supplies needed. These health disparities further exacerbate access to care issues.

Advocacy refers to those activities that serve to educate decision-makers regarding access to care and the distribution of resources, for people with diabetes. Advocacy may involve efforts to educate state and federal legislatures, community policy-makers and leaders, support diabetes-friendly programs and promote public awareness of key diabetes issues. Effective advocacy activities will involve consumers (people with diabetes and significant others) and will promote the organization of consumers to be a more credible and effective "voice" for people with diabetes.

The network will partner with health plans, collaboratives, community organizations and coalitions to identify people with limited access to care and link them to available resources. Partnerships with local minority associations, churches, and other community organizations are made to raise awareness of health disparities and promote community action to address them. The network will also join with advocacy groups such as the American Diabetes Association (ADA), the National Kidney Foundation of Michigan (NKFM), Joining People with Diabetes (JPD) and other consumer sensitive groups to enable a more organized, effective voice for people with diabetes and also promote public awareness and influence for diabetes services and legislation.

2. Community policy and environmental changes to promote healthy lifestyles

One third of deaths in the United States can be attributed to just three unhealthy behaviors: lack of physical activity, poor eating habits and tobacco use. These behaviors often result in chronic disease. To arrest the growing trend of unhealthy lifestyles, it is necessary to create a community (including schools) health environment that promotes and supports physical activity, healthy eating/healthy weight, and tobacco-free lifestyles. Examples are communities that assure clean air – indoors and out; have well-lit bike paths, sidewalks and walking trails that connect residential areas to shopping, schools and places of worship; and provide easy access to grocery stores, farmers' markets and restaurants that offer fresh produce and delicious healthful foods at reasonable price. The Diabetes Outreach Network will work with existing community efforts or initiate new efforts (if none are existent) to assist communities and their schools to assess their current environment and policies and make tangible improvements that will provide a healthy environment where residents live, work, learn, and play that promotes positive dietary and lifestyle behaviors and practices. For more information on community assessment, visit the Michigan Health Tools website at www.mihealthtools.org

3. Consumer education and promotion of diabetes self-management

It is commonly known that 95% of the care of people with diabetes is SELF-CARE, tasks that the person with diabetes or a significant other need to do to achieve and maintain good health and prevent or delay complications. Consequently, it is important and highly effective to directly teach people with diabetes not only about the disease itself but also about the motivational and behavioral skills needed to develop and maintain good long-term self-management. Examples of programs that teach and promote self-management directly are: 1)"Stanford Chronic Disease Self-Management Program" (Stanford School of Medicine); 2)"Diabetes Health: It's In Your Hands," MSU Cooperative Extension Program", and 3) Diabetes Support Groups.

The network will actively promote the use of the Stanford and Extension programs. They will increase the number and quality of diabetes support groups; develop and utilize ways of involving consumers in all diabetes endeavors, including Advisory Boards, volunteer groups such as Joining People with Diabetes and strategic planning groups; and promote public and professional awareness of the importance of consumers teaching consumers as part of self-management.

4. Diabetes resource referral and linkages

Accurate, consistent, targeted and accessible information is a necessary prerequisite to successfully translating the science of diabetes into the kind of care and self-management practices that have been shown to reduce the morbidity and mortality of diabetes. An effective and efficient communication network is essential to ensure Michigan's diabetes resources are reaching people with diabetes on a practical level to ultimately improve long-term self-management outcomes.

The Diabetes Outreach Network must have comprehensive knowledge of the current services and support resources available to people with diabetes within the network and statewide. The network will develop and maintain a complete compilation of regional resources and develop a mechanism to link resources to people with diabetes. The network must be capable of responding to inquiries and requests, of linking consumers and providers with appropriate assistance, and of evaluating the effectiveness of the referral process. This capability requires establishing and maintaining working relationships with a variety of organizations, agencies, and health care systems.

5. Health care quality improvement

The Institute of Medicine's "Crossing the Quality Chasm" report highlights the importance of improvement in care for chronic diseases, including diabetes. Diabetes has widely respected national guidelines for what constitutes quality care and well-developed national and state measures of qualities. Despite this fact, the gap between evidence-based treatment and actual practice and outcomes continues to be wide. Research indicates that quality improvement is critical to achieving better health outcomes and closing the gaps between what we know and what we do in health care. There is also growing evidence that investments in diabetes quality improvement can yield a significant return on investment both in terms of cost savings and improved quality of life for people with diabetes.

The National Diabetes Education Program experts asserts that systems change is essential in order to provide the type of evidence-based patient-centered care needed to effectively manage diabetes and prevent its serious complications. The Diabetes Outreach Networks will assist health care providers in doing so by providing consultation, technical assistance, and resources in helping them: (1) assess their needs; (2) plan systems change strategies; (3) implement actions; and (4) evaluate their results. For specific information on Making Systems Change for Better Diabetes Care visit the NDEP website at <http://betterdiabetescare.nih.gov>.

6. Professional development and education

One of the keys to improving the quality of diabetes care is ensuring that health care providers understand how to manage the disease and are aware of its implications for a variety of other conditions. Quality diabetes care is advocated to health care providers by offering information and resources congruent with the most current American Diabetes Association Clinical Practice Recommendations. The network conducts a variety of provider awareness-building and educational activities, including presentations and exhibits at meetings of key primary care provider and other professional groups. Current diabetes research, clinical practice recommendations and education standards are promoted throughout the network service region. Professional education events are planned and implemented in response to identified need. State, regional and local data sources are analyzed to identify need, develop objectives with related content and provide education for a variety of health care professionals.

7. Public Awareness, including media.

The Michigan Behavioral Risk Factor Surveillance System (BRFSS) using a three year average, 2001-2003, indicate that in 2002 approximately 590,000 adults in Michigan (aged 18 and up) had been diagnosed with diabetes. In addition, it is estimated that 8,700 persons under 18 have been diagnosed with diabetes. National studies suggest that an additional 227,9000 Michigan adults have diabetes but are not aware of it. Among Michigan adults, 1,533,000 have Pre-diabetes (40.1% of adults 40-74 years of age).

People at risk for diabetes, persons with diabetes and individuals and organizations who care for people with diabetes often lack even basic knowledge of the disease, its prevention or treatment strategies. Increasing public awareness of, and education about diabetes and its risk factors is critical and may prompt more people to acknowledge its seriousness, seek appropriate treatment, self-manage the disease and prevent or delay its complications. Also, with the increased visibility of diabetes, health care providers will be more likely to make diabetes prevention, treatment and self-management a priority.

The Diabetes Outreach Network will distribute and promote the NDEP program messages and materials at conferences and meetings; implement awareness programs using NDEP materials and identify appropriate radio stations, newspapers, and other outlets to receive campaign public service announcements and other promotional materials; make presentations about NDEP campaigns to professional and consumer groups; and evaluate the outcome of NDEP programs and activities.

National Diabetes Education Program Campaigns

www.ndep.nih.gov

Control Your Diabetes For Life.

The “*Control Your Diabetes. For Life*” campaign was the first of many campaigns to come from the National Diabetes Education Program.

The “*Control Your Diabetes. For Life*” campaign seeks to reach the 16 million Americans with diabetes and their families with messages about the seriousness of diabetes, ways to control the disease, and the benefits of controlling diabetes for life.

Be Smart About Your Heart: Control the ABCs of Diabetes

NDEP's new campaign, “*Be Smart About Your Heart: Control the ABCs of Diabetes*”, makes people with diabetes aware of their high risk for heart disease and stroke and the steps they can take to lower that risk. A new bilingual booklet *Si Tiene Diabetes, Cuide Su Corazon* (If You Have Diabetes, Take Care of Your Heart) promotes the importance of glucose, blood pressure, and cholesterol control in preventing heart disease in people with diabetes. A detachable wallet card allows patients to track these numbers. This booklet is available online at <http://www.ndep.nih.gov> or by calling 1-800-438-5383.

Small Steps. Big Rewards. Prevent Type 2 Diabetes.

The National Diabetes Education Program (NDEP) has designed a national awareness campaign to get this important information to the people at risk for type 2 diabetes. The campaign theme is “*Small Steps. Big Rewards. Prevent Type 2 Diabetes*” NDEP and its partners will also promote clinical recommendations for health care providers so they know what these findings mean for their patients and what steps they can take to stay healthy. NDEP's educational campaign will create awareness among health care professionals and people at risk that type 2 diabetes can be prevented among high-risk adults through modest lifestyle changes and losing about 5 to 7 percent of body weight. The Diabetes Prevention Program (DPP) provides the scientific evidence that the rising tide of type 2 diabetes in the United States can be turned back. That is why NDEP is mobilizing its partners at the national, state, and local levels to translate these findings into real health improvements for Americans.

Guidelines for Preparation of Budget Narrative

I. INTRODUCTION

The budget should reflect all expenditures and funds associated with the program, including local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program should equal total funds.

The Program Budget Summary (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH-0386). General instruction for the completion of these forms follows in Sections II-III.

II. PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION

Use the **Program Budget Summary (DCH-0385)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.1**) for reference. **The DCH-0386 form should be completed prior to completing the DCH-0385 form.** (Please note: the excel workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH 0386).

- A. Program - Enter the title of the program.
- B. Date Prepared - Enter the date prepared.
- C. Page of - Enter the page number of this and the total number of pages comprising the complete budget package.
- D. Contractor - Enter the name of the Contractor.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Address - Enter the complete address of the Contractor.
- G. Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Employer Identification Number - Enter the Federal Identification Number as stated on page one of Part I of the agreement.
- I. Expenditure Category Column – All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386).

Expenditures:

1. Salaries and Wages
2. Fringe Benefits
3. Travel (*out-of-state travel is limited to one trip in a fiscal year*).
4. Supplies and Materials
5. Contractual (Subcontracts)
6. Equipment
7. Other Expenses
8. Total Direct
9. Indirect Cost
10. Total Expenditures

Source of Funds:

11. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
12. State Agreement - Enter the amount of MDCH funding allocated for support of this program. (This should equal the amount reported in box 16 of the DCH 0016.) State percentages are not required.
13. Local - Enter the amount of local contractor funds utilized for support of this program. Local percentages are not required. In-kind and donated services from other agencies/sources should not be included on this line.
14. Federal - Enter the amount of any Federal grants received directly by the Contractor in support of this program and identify the type of grant received.
15. Other - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.
16. Total Funding - The total funding amount is entered on line 17. This is determined by adding lines 12 through 16. The total funding amount must be equal to line 11 - Total Expenditures.
17. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The “J” Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

III. **PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION**

Use the **Program Budget-Cost Detail Schedule (DCH-0386)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.2**) for reference.

- A. Page ____ of ____ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Budget Period - Enter the inclusive dates of the budget period.
- D. Date Prepared - Enter the date prepared.
- E. Contractor - Enter the name of the contractor.
- F. Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.
- G. Salaries and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes the compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with sub recipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Sub-contract) Expenses.

The salaries and wages line must list each type of position description, number of positions assigned to the program and the budget amount. **This expenditure category applies only to those positions supported directly by the contractor, not to personnel of subcontractors.**

- H. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry may be expressed as a decimal when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- I. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.
- J. Comments - Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward (i.e., if the employee is limited term and/or does not receive fringe benefits).
- K. Totals - Enter a total in the Position Required column and the Total Salary column. The total salary amount is transferred to the Program Budget Summary - Salaries &

Wage category. If more than one page is required, a subtotal should be entered on the last line of each page. On the last page, enter the total amounts.

- L. Fringe Benefits - Specify applicable (“X”) for staff working in this program. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite rate is calculated by dividing the fringe benefit amount by the salary and wage amount.) This category includes the employer=s contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees assigned to the program.
- M. Travel - Enter cost of employee travel (mileage, lodging, registration fees). Out-of-state travel is limited to one trip in a fiscal year. **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, registration fees and approved seminars or conference and other approved travel costs incurred by the employees (as listed under the Salaries and Wages category) for the conduct of the program. Travel of consultants is reported under Other Expenses - Consultant Services. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Travel line (line 3) exceeds 10% of the Total Expenditures (line 11).**
- N. Supplies & Material - Enter cost of supplies & materials (medical, office supplies, postage). Use for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Supplies and Materials line (line 4) exceeds 10% of the Total Expenditures (line 11).**
- O. Subcontracts - Specify subcontractor(s) working on this program. Specific details must include: 1) subcontractor(s) address, 2) amount by subcontractor and 3) total of all subcontractor(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreement with sub-recipient organizations such as affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated to the sub-recipient contractor. Vendor payments such as stipends and allowances for trainees, patient care, consulting fees, etc., are to be identified in the Other Expense category.
- P. Equipment - Enter a description of the equipment being purchased (including number of units and the unit value), the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Material category. All equipment items summarized on this line must include: item description, quantity and budgeted amount.**
- Q. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specifically listed on the Cost

Detail Schedule. Other minor items may be identified by general type of cost and summarized as a single line on the Cost Detail Schedule to arrive at a total Other Expenses category. Some of the more significant groups or subcategories of costs are described as follows and should be individually identified in the space provided on and under line 7. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses line (line 7) exceeds 10% of the Total Expenditures (line 11).**

1. Consultant Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are also to be included in this category.
 2. Space Cost - Costs of building space, rental of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality. Funds may not be used to purchase a building or land.
 3. Communication Costs - Cost of telephone, telegraph, data lines, Internet access, etc., when related directly to the operation of the program.
 4. Other - All other items purchased exclusively for the operation of the program and not previously included.
- R. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- S. Indirect Cost Calculations - Enter the allowable indirect costs for the budget. Indirect costs can only be applied if an approved indirect cost rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Attach a current copy of the letter stating the applicable indirect cost rate. **Detail on how the indirect amount was calculated must be shown on the Cost Detail Schedule (DCH-0386).**
- T. Total Expenditures - Enter the sum of item 8 and 9 on line 10.

PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Program			Date Prepared	Page	Of
Contractor Name			BUDGET PERIOD		
Mailing Address (Number and Street)			From:	To:	
City			State	ZIP Code	
			Agreement:		Amendment Number
			<input type="checkbox"/> Original <input type="checkbox"/> Amendment		
			Federal ID Number		
EXPENDITURE CATEGORY					TOTAL BUDGET
1. Salaries and Wages					
2. Fringe Benefits					
3. Travel					
4. Supplies and Materials					
5. Contractual (Subcontracts)					
6. Equipment					
7. Other Expenses:					
8. Total Direct Expenditures (Sum of Lines 1-7)					
9. Indirect Costs: Rate #1 %					
Indirect Costs: Rate #2 %					
10. TOTAL EXPENDITURES					

SOURCE OF FUNDS:

11. Fees and Collections				
12. State Agreement				
13. Local				
14. Federal				
15. Other(s):				
16. TOTAL FUNDING				

AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding	The Department of Community Health is an equal opportunity employer, services and programs provider.
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DCH-0385(E) (Rev 3-04) (W) Previous Edition Obsolete. Also Replaces FIN-110

PROGRAM BUDGET – COST DETAIL
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use Whole Dollars Only

Page Of

PROGRAM		BUDGET PERIOD		DATE PREPARED
		FROM	TO	
CONTRACTOR		ORIGINAL BUDGET		AMENDED BUDGET
		<input type="checkbox"/>		<input type="checkbox"/>
1. SALARY & WAGES – POSITION DESCRIPTION	POSITIONS REQUIRED	TOTAL SALARY	COMMENTS	
Total Salaries and Wages	0	\$0		
2. FRINGE BENEFITS: (Specify) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FICA <input type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HOSPITAL INS. </div> <div> <input type="checkbox"/> LIFE INS. <input type="checkbox"/> VISION INS. <input type="checkbox"/> HEARING INS. <input type="checkbox"/> OTHER _____ </div> <div> <input type="checkbox"/> DENTAL INS <input type="checkbox"/> WORK COMP </div> <div style="text-align: right;"> COMPOSITE RATE AMOUNT 0.00% </div> </div>				\$0
TOTAL FRINGE BENEFITS				
3. TRAVEL (Specify if any item exceeds 10% of Total Expenditures)				\$0
TOTAL TRAVEL				
4. SUPPLIES & MATERIALS(Specify if any item exceeds 10% of Total Expenditures)				\$0
TOTAL SUPPLIES & MATERIALS				
5. CONTRACTUAL (Subcontracts) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Name</div> <div style="width: 30%;">Address</div> <div style="width: 30%;">Amount</div> </div>				\$0
TOTAL CONTRACTUAL				
6. EQUIPMENT (Specify)				\$0
TOTAL EQUIPMENT				
7. OTHER EXPENSES (Specify if any item exceeds 10% of Total Expenditures)				\$0
TOTAL OTHER				
8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)				\$0
TOTAL DIRECT EXPENDITURES				
9. INDIRECT COST CALCULATIONS				\$0
Rate #1: Base \$0 X Rate 0.00 % Total				
Rate #2: Base \$0 X Rate 0.00 % Total				\$0
10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 0

DCH-0386FY2005(E) (W) 4/2004 COMPLETION IS A CONDITION OF FUNDING AUTHORITY: P.A. 368 OF 1978

PROPOSAL COVER/CERTIFICATION PAGE

Legal name of organization applying: _____

Executive Director: _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____

E-Mail Address: _____

Contact Person for this application: _____ Phone: _____

Address (if different from above): _____

E-mail Address: _____

Diabetes Outreach Network geographical region covered by this proposal (Check all that apply):

☐ ECDON

☐ SEMDON

☐ SODON

☐ TENDON

☐ UPDON

☐ TIPDON

Funding requested: \$ _____

Typed Name and Title

Signature of Authorized Representative

Date

**Diabetes Outreach Network
FY05-06 Contract Objectives**

1. By September 30, 2006, provide diabetes continuous quality improvement (CQI) consultation to 20 health care provider agencies in an effort to facilitate health systems changes that result in measurable, improved quality of care.
 - At least one of these agencies will be a federally qualified health center that is not currently participating in the Diabetes Collaborative.
 - At least one of these agencies will primarily serve racial/ethnic minority or low-income populations.
2. By September 30, 2006, disseminate and promote use of all NDEP campaigns and materials to its regional partners and through local media channels. These campaigns are:
 - Small Steps. Big Rewards. Prevent type 2 Diabetes.
 - Includes promotion of at least one of the campaigns reaching racial and ethnic minority populations.
 - Be Smart About Your Heart. Control the ABCs of Diabetes.
 - Control Your Diabetes. For Life.
3. By September 30, 2006, utilize Taking on Diabetes program materials at one or more events for consumers or health professionals.
4. By September 30, 2006, partner with two managed care plans to facilitate their implementing a member-oriented or professional education initiative.
(NOTE – UPDON contract will reflect one managed care plan).
5. By September 30, 2006, co-sponsor at least one consumer-driven initiative, such as Joining People with Diabetes Support Group Leader Training, Stanford Chronic Disease Self-Management Program, lay health educator initiative, or other related initiative.
6. By December 15, 2006, update the website support group directory to reflect additions or changes in the support groups in their region.
7. By September 30, 2006, provide MNA pre-approved group presentations to 400 health care professionals, with a special emphasis on presentations aimed at improving diabetes clinical indicators.
8. By September 30, 2006, 100 health care professionals from the DON region will have successfully completed a self-study module pre-approved for contact hours through the Michigan Nurses Association, the Commission for Dietetic Registration, or the Michigan Academy for General Dentistry.
9. By September 30, 2006, work collaboratively with the MDPCP, MNA, and CDR to revise or create the following self-study modules for pre-approved continuing education contact hours:
 - Diabetes and Hypertension (5/05)
 - Foot Care (9/05)
 - Basic Nutrition (9/05)
 - Type 1 (3/06)
11. By September 30, 2006, facilitate at least one project, in partnership with the American Diabetes Association, the American Heart Association, the American Cancer Society, or other voluntary health association, to increase awareness of the association of diabetes to another chronic health conditions (e.g., cardiovascular disease, cancer, depression, etc.).
12. By September 30, 2006, 25 health professionals from the DON region will have

- successfully completed the diabetes and hypertension self-study module.
13. By August 31, 2006, work in partnership with the MDPCP to disseminate federal or state campaign materials and promote annual flu and pneumococcal immunization for people with diabetes and their families.
 14. By September 30, 2006, exhibit and provide educational material at one of the state's regional Immunization Conferences in an effort to promote the need to target immunization messages and services to reach people with diabetes.
(Not in ECDON contract)
 15. By September 30, 2006, partner with the National Kidney Foundation of Michigan (NKFM) to facilitate the NKFM implementation of the *Healthy Hair Starts with a Healthy Body* program in the DON region.
(SEMDON, TENDON, and ECDON contracts only)
 16. By September 30, 2006, actively participate in the DON region's access to care coalition or project.
 17. By September 30, 2006, implement, in partnership with minority- and community-based agencies, four consumer-focused or professional education initiatives with specific strategies designed to reduce health disparities for diabetes, its complications, and its risk factors among Michigan's racial and ethnic minority or other underserved populations.
 18. By September 30, 2006, actively partner with other state- and federally-funded diabetes initiatives reaching high-risk populations, as applicable (e.g., AIM-HI, REACH, Diabetes Detection Initiative, and Intertribal Council's STEPs project).
 19. By September 30, 2006, establish or maintain a level three or higher partnership with each of the Diabetes Collaborative projects in the DON region.
(NOTE – not in UPDON contract, as they do not have a collaborative in their region; if they were to get one, this would then be included)
 20. By September 30, 2006, feature the message and media materials for the Michigan Surgeon General's Healthy Lifestyle campaign (Michigan Steps Up. Eat better. Move More. Stop Smoking. It's Just That Simple.) in at least one regional, major media or public relations campaign or community awareness event.

Attachment G

Technical Assistance Conference Call
March 10, 2005 9:00AM EST

Confirmation Form (must be received by March 3, 2005)

NAME: _____

AGENCY: _____

PHONE: _____

FAX: _____

E-MAIL: _____

Yes, I would like to participate in the conference call: _____

Please fax or email to:

Jackie Grubaugh
grubaughja@michigan.gov
517-335-9461 (fax)

Upon receipt of your confirmation form, you will be notified via email or fax of the teleconference call-in number and the conference call chairperson. You will need this information to participate.

Questions I would like to have addressed during the call:

[illegible]

Attachment H

MICHIGAN DIABETES OUTREACH NETWORK RFP INTENT TO APPLY FORM (Due March 21, 2005)

Agency		
Address		
City	State	Zip Code
Phone	Fax	
Contact Person	Title	
Email		

Type of Agency: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Not-for-profit 501(c)(3) | <input type="checkbox"/> Federally Qualified Health Center |
| <input type="checkbox"/> Tribal Council | <input type="checkbox"/> Public/Private College or University |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Other | |

The following information is requested to assist in matching reviewers to applications. MDCH-MDPCP understands that it is preliminary and as such, **it is non-binding.**

1. **Diabetes Outreach Network region(s) to be served-** *please identify the proposed geographical region(s) to be served by your program (check all that apply).*
- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> ECDON | <input type="checkbox"/> TENDON |
| <input type="checkbox"/> SEMDON | <input type="checkbox"/> UPDON |
| <input type="checkbox"/> SODON | <input type="checkbox"/> TIPDON |

2. **Estimated Funding Request:** \$ _____

Signature of Authorized Representative

Date

Please Print Name and Title

Please fax or email to: **Jackie Grubaugh**
 grubaughja@michigan.gov
 517/335-9461(fax)

SOURCES OF ADDITIONAL INFORMATION

Healthy Michigan 2010 - www.michigan.gov

MDCH Diabetes Fact Sheets - www.michigan.gov/diabetes

Michigan Diabetes Outreach Network website - www.diabetesinmichigan.org

The Michigan Surgeon General's Prescription for a Healthier Michigan -
www.michigan.gov

National Diabetes Education Program (NDEP) - www.ndep.nih.gov

CDC Diabetes Public Health Resources - www.cdc.gov/diabetes

Michigan Health Tools – www.mihealthtools.org